

Iowa Department of Human Services

Terry E. Branstad

Kim Reynolds

Charles M. Paimer

Governor

it. Governor

Director

06-09-14

Joan Barie 1314 N. 7th St. Estherville, IA 51334

Dear Child Care Provider,

This letter is in regards to the 06-06-14 compliance check of your Level B, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

| | 110.5(2) A provider file is maintained and contains: |
|----------|--|
| | 110.5(2)a A physician's signed statement of health and immunization status on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every two years. |
| | 110.5(2)d An individual file is maintained for each substitute and contains: |
| | 110.5(2)d A physician's signed statement of health of at the time of employment and at least every two years thereafter. |
| | \square 110.5(2)d Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years. |
| or co | n-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation revocation of your Child Development Home Registration. Please take whatever steps are necessary to appletely address each of the violations noted above. It is essential you correct all above-mentioned lations within the next 45 days. |
| | Based on the items out of compliance listed above, a recheck or follow up visit to your home is not cessary. However, it is essential you provide documentation to the Department that certifies you have |

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corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates. Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

Please sign and date below, and return this form in the provided envelope by: 07-25-14

| X | |
|--|--|
| Signature | Date |
| Please do not hesitate to contact me at DHS at | if you have any questions regarding this letter. |

Sincerely,

Social Worker II

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 712-786-2001 or 800-859-2025.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at https://ccmis.dhs.state.ia.us/trainingregistry/

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).